

<https://helda.helsinki.fi>

Provision of intrauterine contraception in association with first
trimester induced abortion reduces the need of repeat abortion
: first-year results of a randomized controlled trial

Pohjoranta, Elina

2015-11

Pohjoranta , E , Mentula , M , Gissler , M , Suhonen , S & Heikinheimo , O 2015 , ' Provision
of intrauterine contraception in association with first trimester induced abortion reduces the
need of repeat abortion : first-year results of a randomized controlled trial ' , Human
Reproduction , vol. 30 , no. 11 , pp. 2539-2546 . <https://doi.org/10.1093/humrep/dev233>

<http://hdl.handle.net/10138/300708>

<https://doi.org/10.1093/humrep/dev233>

publishedVersion

Downloaded from Helda, University of Helsinki institutional repository.

This is an electronic reprint of the original article.

This reprint may differ from the original in pagination and typographic detail.

Please cite the original version.

Corrigendum. Provision of intrauterine contraception in association with first trimester induced abortion reduces the need of repeat abortion: first-year results of a randomized controlled trial

Elina Pohjoranta¹, Maarit Mentula¹, Mika Gissler², Satu Suhonen³, and Oskari Heikinheimo^{1,*}

¹Department of Obstetrics and Gynaecology, University of Helsinki and Helsinki University Hospital, PO Box 140, 00029-HUS, Helsinki, Finland ²National Institute for Health and Welfare, Helsinki, Finland ³Centralized Family Planning, Department of Social Services and Health Care, City of Helsinki, Helsinki, Finland

*Correspondence address. E-mail: oskari.heikinheimo@helsinki.fi

Hum Repro 2015;30:2539–2546

The author would like to apologise for errors in Table II and Fig. 2 of the above article. Due to errors in the procedure dates of subsequent abortions and unplanned pregnancies, the number of women requesting a subsequent termination of pregnancy (TOP) during the first year after the index TOP was mistakenly reported as 29 instead of 26 (ITT analysis). Three cases included in the original analysis occurred more than 365 days after the index TOP. One of these cases was a subsequent TOP and two were miscarriages. Thus, the correct number of repeat TOPs during 1-year follow-up is 23 instead of 24 (ITT analysis). The corrected results are presented in a revised Table II in this corrigendum. The correct cumulative proportions of women without subsequent TOP during one year was 98.4% in the intervention and 95.4% in the control group ($P = 0.019$) (Fig. 2).

The electronic version of this article has been updated at <https://doi.org/10.1093/humrep/dev233>. The authors would like to assure readers that this does not affect any other content of the article.

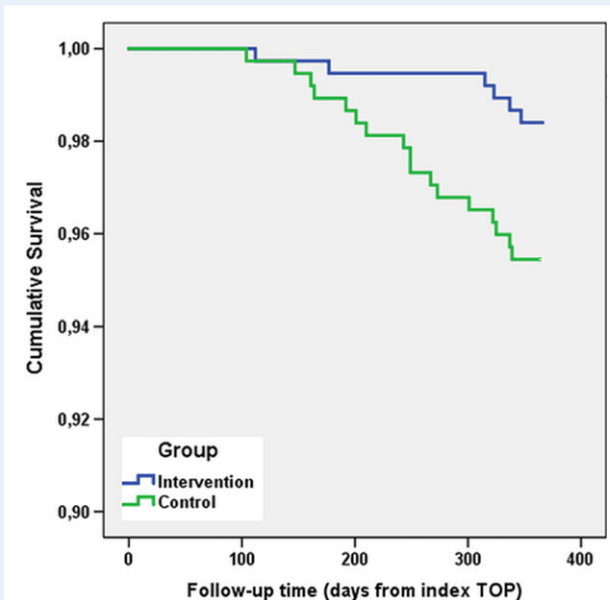


Figure 2 Cumulative proportions of women without subsequent induced abortion during the first year of follow-up after the index abortion.

Table II Subsequent induced abortions/unplanned pregnancies during follow-up of 1 year after the index abortion.

	Intervention group	Control group	Difference (95% CI)	P-value
ITT-basis	<i>n</i> = 375	<i>n</i> = 373		
PP-basis	<i>n</i> = 346	<i>n</i> = 357		
Women with				
Subsequent induced abortions				
ITT-basis	6 (1.6)	17 (4.6)	3.0 (0.5 to 5.7)	0.140
PP-basis	2 (0.6)	17 (4.8)	4.2 (1.9 to 7.0)	0.036
Unplanned pregnancies*				
ITT-basis	7 (1.9)	19 (5.1)	3.2 (0.6 to 6.1)	0.020
PP-basis	2 (0.6)	18 (5.0)	4.5 (2.1 to 7.3)	0.003

The data are shown as *n* (%).

*Including subsequent miscarriages or extrauterine pregnancies diagnosed at the time of assessment for induced abortion.

ITT, intention-to-treat; PP, per-protocol.